

**2018 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000002807

**Entity Name:** THE CONFEDERATION OF NORTH, CENTRAL AMERICA AND CARIBBEAN ASSOCIATION FOOTBALL (CONCACAF), INCORPORATED**FILED**  
**May 03, 2018**  
**Secretary of State**  
**CC4672765130****Current Principal Place of Business:**1000 FIFTH STREET, SUITE 400  
MIAMI BEACH, FL 33139**Current Mailing Address:**1000 FIFTH STREET, SUITE 400  
MIAMI BEACH, FL 33139**FEI Number: 13-3605859****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**MOGGIO, PHILIPPE  
1000 FIFTH STREET, SUITE 400  
MIAMI BEACH, FL 33139 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE: PHILIPPE MOGGIO****05/03/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :****Title** DIRECTOR, VP  
**Name** VILLALOBOS, RODOLFO  
**Address** 1000 FIFTH STREET, SUITE 400  
**City-State-Zip:** MIAMI BEACH FL 33139**Title** DIRECTOR, VP  
**Name** BURRELL, HORACE  
**Address** 1000 FIFTH STREET, SUITE 400  
**City-State-Zip:** MIAMI BEACH FL 33139**Title** DIRECTOR  
**Name** HERNANDEZ, LUIS  
**Address** 1000 FIFTH STREET, SUITE 400  
**City-State-Zip:** MIAMI BEACH FL 33139**Title** PRESIDENT, DIRECTOR  
**Name** MONTAGLIANI, VICTOR  
**Address** 1000 FIFTH STREET, SUITE 400  
**City-State-Zip:** MIAMI BEACH FL 33139**Title** DIRECTOR  
**Name** CHALUJA, PEDRO  
**Address** 1000 FIFTH STREET, SUITE 400  
**City-State-Zip:** MIAMI BEACH FL 33139**Title** DIRECTOR  
**Name** BIEN-AIME, SONIA  
**Address** 1000 FIFTH STREET, SUITE 400  
**City-State-Zip:** MIAMI BEACH FL 33139**Title** GENERAL SECRETARY  
**Name** MOGGIO, PHILIPPE  
**Address** 1000 FIFTH STREET, SUITE 400  
**City-State-Zip:** MIAMI BEACH FL 33139**Title** DIRECTOR  
**Name** DE MARIA, DECIO  
**Address** 1000 FIFTH STREET, SUITE 400  
**City-State-Zip:** MIAMI BEACH FL 33139**Continues on page 2**

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE: PHILIPPE MOGGIO****GENERAL SECRETARY****05/03/2018**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                   DIRECTOR, VP  
Name                  GULATI, SUNIL  
Address              1000 FIFTH STREET, SUITE 400  
City-State-Zip:    MIAMI BEACH FL 33139

Title                   DIRECTOR  
Name                  RAJO, JORGE  
Address              1000 FIFTH STREET, SUITE 400  
City-State-Zip:    MIAMI BEACH FL 33139